

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

LIBERTARIAN NATIONAL COMMITTEE, INC.

ADDRESS (number and street) ▼

2600 VIRGINIA AVE NW

SUITE 200

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20037

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00255695

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2012

through

M M M / D D D / Y Y Y Y Y Y
01 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. William B. Redpath

Signature of Treasurer

Mr. William B. Redpath

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 20 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
01 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		311789.84
(b) Cash on Hand at Beginning of Reporting Period.....	311789.84	
(c) Total Receipts (from Line 19)	137134.07	137134.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	448923.91	448923.91
7. Total Disbursements (from Line 31)	96629.60	96629.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	352294.31	352294.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	1		2	0	1	2		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	1		2	0	1	2		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	59233.00	59233.00
(ii) Unitemized	77505.90	77505.90
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	136738.90	136738.90
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	136738.90	136738.90
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	395.17	395.17
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	137134.07	137134.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	137134.07	137134.07

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	92909.60	92909.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	92909.60	92909.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	3720.00	3720.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	3720.00	3720.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	96629.60	96629.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	96629.60	96629.60

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	136738.90	136738.90
34. Total Contribution Refunds (from Line 28(d))	3720.00	3720.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	133018.90	133018.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	92909.60	92909.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	395.17	395.17
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	92514.43	92514.43

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFH'ZG7 <98I @ 'CF' +H9A-N5H-CB

Form/Schedule: F3XA

Transaction ID :

The Committee wishes to disclose the following: 1) No expenditures designated on Schedule B supporting Line 21b were made on behalf of any specifically identified federal candidate(s). 2) The Libertarian National Committee (LNC) requests address, employer, and occupation information from all contributors whose yearly aggregate contributions exceed \$200.00 and informs them of the requirement of complying with 11 CFR 104.7(b)(1). In the event that the information is not supplied as a result of the initial request, Committee makes a subsequent attempt to collect the information by mail, email, or telephone contact within 30 days of the initial contribution. This 'follow up' request a) clearly asks for the missing information without requesting a contribution, b) informs the contributor of the requirements for reporting such information under federal law, and c) is enclosed with a pre-addressed envelope when sent by postal mail. If the information is submitted after the initial monthly report is filed, the contributor master file is updated and the information is updated in memo entries filed with the next regularly scheduled report. The Committee also makes periodic requests during the year for all contributors to update their contact information and for contributors whose yearly contributions aggregate to more than \$200 to update their Employer/Occupation information.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 54
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Mett B. Ausley Jr.

Mailing Address 3412 Waccamaw Shores Rd

City State Zip Code
 Lake Waccamaw NC 28450-9442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cypress Pathology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 03 / 2012

Transaction ID : SA11AI.50283

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mr. Richard W. Bennett

Mailing Address 1441 S Ivy St Unit 210

City State Zip Code
 Canby OR 97013-4333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2012

Transaction ID : SA11AI.50384

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ronald D. Boutwell

Mailing Address 20 Diamond Cv

City State Zip Code
 Gulfport MS 39503-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mission Essential Personnel, LLC

Occupation

Quality Assurance Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 13 / 2012

Transaction ID : SA11AI.50465

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Estate of Raymond Groves Burrington

Mailing Address C/of Estate of R. G. Burrington
 109 Northshore Dr Ste 303

City State Zip Code
 Knoxville TN 37919-4925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Deceased

Deceased

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30800.00

Date of Receipt

01 / 19 / 2012

Transaction ID : SA11AI.50576

Amount of Each Receipt this Period

30800.00

Contribution

Full Name (Last, First, Middle Initial)

B. Eric R. Colburn

Mailing Address 2653 Black Oak Ct

City State Zip Code
 Wexford PA 15090-7566

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bally Design

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2012

Transaction ID : SA11AI.50710

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Admiral Michael C. Colley

Mailing Address 444 Magnolia Dr

City State Zip Code
 Gulf Shores AL 36542-4408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : SA11AI.50718

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

31150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Kelvin Contreary

Mailing Address 1 Wren St

City

New Orleans

State

LA

Zip Code

70124-4121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Medical Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 13 / 2012

Transaction ID : SA11AI.50736

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Curtis A. Cook

Mailing Address 19051 86th Ave NE

City

Bothell

State

WA

Zip Code

98011-2111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Davis Wright Tremaine LLP

Occupation

Technician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 03 / 2012

Transaction ID : SA11AI.50740

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Dr. John M. Corboy M.D.

Mailing Address 95-717 Kipapa Dr Apt 23

City

Milliani

State

HI

Zip Code

96789-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Corboy Ltd. Partnership

Occupation

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2012

Transaction ID : SA11AI.50755

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Mr. Henry S. David

Mailing Address 12571 Sanford St

City

Los Angeles

State

CA

Zip Code

90066-6934

FEC ID number of contributing
federal political committee.

C

Name of Employer

The David Firm

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 26 / 2012

Transaction ID : SA11AI.50820

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jeremy S. Davis

Mailing Address 7539 Brompton St

City

Houston

State

TX

Zip Code

77025-2267

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2012

Transaction ID : SA11AI.50829

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Stephen R. Derrickson

Mailing Address 9890 Equus Cir

City

Boynton Beach

State

FL

Zip Code

33472-4328

FEC ID number of contributing
federal political committee.

C

Name of Employer

The IBEX Group, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 31 / 2012

Transaction ID : SA11AI.50862

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. George Dimoulas

Mailing Address 2325 21st St

City State Zip Code
 Astoria NY 11105-3713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tri-State Biodiesel

Occupation

Terminal Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 17 / 2012

Transaction ID : SA11AI.50875

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mr. Frederick J. Graboske

Mailing Address 101 N Van Buren St

City State Zip Code
 Rockville MD 20850-1860

FEC ID number of contributing
federal political committee.

C

Name of Employer

Millican & Assoc

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 11 / 2012

Transaction ID : SA11AI.51216

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ray Hachem

Mailing Address 5711 Mesa Mountain Way

City State Zip Code
 Colorado Springs CO 80923-3450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oracle Corp

Occupation

Data Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 11 / 2012

Transaction ID : SA11AI.51275

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 OF 54
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Mr. Vince Hanke

Mailing Address 6795 Sunbriar Dr

City State Zip Code
 Cumming GA 30040-6589

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hanke Corp.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

01 / 06 / 2012

Transaction ID : SA11AI.51298

Amount of Each Receipt this Period

6000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mr. Robert William Hoffman

Mailing Address 187 Newbury Ln

City State Zip Code
 Newbury Park CA 91320-4625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 03 / 2012

Transaction ID : SA11AI.51409

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mr. Daryl A. Kearns

Mailing Address 9251 Cumberland Rd SW

City State Zip Code
 Bowerston OH 44695-9640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

01 / 23 / 2012

Transaction ID : SA11AI.51595

Amount of Each Receipt this Period

2000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Mr. Jay B. Korinek

Mailing Address 6 Abington Ln

City

Dearborn

State

MI

Zip Code

48120-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jay Korinek

Occupation

College Professor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

01 / 17 / 2012

Transaction ID : SA11AI.51678

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Richard F. Lamb

Mailing Address 1 Woodchuck Way

City

Kennett Square

State

PA

Zip Code

19348-2320

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2012

Transaction ID : SA11AI.51737

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mrs. Andra R. Liemandt

Mailing Address 801 W 5th St Apt 2901

City

Austin

State

TX

Zip Code

78703-5464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Home Maker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2533.00

Date of Receipt

01 / 03 / 2012

Transaction ID : SA11AI.51806

Amount of Each Receipt this Period

2533.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3783.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Joe Liemandt

Mailing Address 801 W 5th St Apt 2901

City
Austin

State
TX

Zip Code
78703-5464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Trilogy

Occupation

Software

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

01 / 03 / 2012

Transaction ID : SA11AI.51807

Amount of Each Receipt this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ms. Margaret Ann Luedke

Mailing Address 300 Fox Runn Dr

City
Lynchburg

State
VA

Zip Code
24503-3873

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 19 / 2012

Transaction ID : SA11AI.51851

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mr. Brian E. Malby

Mailing Address 2000 Huntington Ave Apt 326

City
Alexandria

State
VA

Zip Code
22303-1731

FEC ID number of contributing
federal political committee.

C

Name of Employer

USAF

Occupation

Computer Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 03 / 2012

Transaction ID : SA11AI.51890

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. John Matosky

Mailing Address 950 Broadway Apt 36

City

Chelsea

State

MA

Zip Code

02150-2284

FEC ID number of contributing
federal political committee.

C

Name of Employer

Prince Lobel Tye LLP

Occupation

Attorney

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 26 / 2012

Transaction ID : SA11AI.51941

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Gregory T. Morin

Mailing Address 1498 Townside Dr

City

Bishop

State

GA

Zip Code

30621-1492

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seachem Laboratories, Inc

Occupation

Owner

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2012

Transaction ID : SA11AI.52103

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Page A. Pate

Mailing Address 101 Marietta St NW Ste 3300

City

Atlanta

State

GA

Zip Code

30303-2730

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Pate Law Firm, LLC

Occupation

Lawyer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : SA11AI.52279

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Ms. Pamela P. Potter

Mailing Address 538 Spring Place Rd NE

City State Zip Code
 White GA 30184-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 03 / 2012

Transaction ID : SA11AI.52353

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mr. Russell M. Randall

Mailing Address 7480 S Genoa Cir

City State Zip Code
 Centennial CO 80016-2157

FEC ID number of contributing
federal political committee.

C

Name of Employer

John H. Harland Co.

Occupation

Engineering Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 09 / 2012

Transaction ID : SA11AI.52398

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mr. Leslie Rose

Mailing Address 330 S Ocean Blvd Apt 3B

City State Zip Code
 Palm Beach FL 33480-4263

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 18 / 2012

Transaction ID : SA11AI.52500

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 54
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. John Sinde

Mailing Address PO Box 217

City State Zip Code
Fairfield CA 94533-0021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pandamerica Imports, Inc.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 04 / 2012

Transaction ID : SA11AI.52690

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Douglas M. Sloan

Mailing Address 13777 E Southshore Dr

City State Zip Code
Fishers IN 46037-7825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakeland regional mortgage

Occupation
Mortgage Banking

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2012

Transaction ID : SA11AI.52715

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mr. Vernon A. Smith

Mailing Address 8140 Rye Ct

City State Zip Code
Niwot CO 80503-8520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Smith Energy Engineers, LLC

Occupation
Energy Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 03 / 2012

Transaction ID : SA11AI.52738

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Mr. William Sparkman

Mailing Address 1701 Reeve St

City
Arlington

State
TX

Zip Code
76010-7931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Musician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 26 / 2012

Transaction ID : SA11AI.52765

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Steven R. Spencer

Mailing Address 108 Gablewood Ln

City
Holly Springs

State
NC

Zip Code
27540-8212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Albany International

Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 31 / 2012

Transaction ID : SA11AI.52774

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ms. Karen S. Steingraber

Mailing Address 9601 Lakeshore Rd

City
Newton

State
WI

Zip Code
53063-9508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Terra Engineering

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2012

Transaction ID : SA11AI.52807

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Mr. William B. Strange III

Mailing Address 7717 Village Trail Dr

City State Zip Code
Dallas TX 75254-8109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winston Services, Inc.

Occupation
Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 17 / 2012

Transaction ID : SA11AI.52839

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mr. Drury L. Vinton

Mailing Address PO Box 2546

City State Zip Code
Bandera TX 78003-2546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 13 / 2012

Transaction ID : SA11AI.53018

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Holly Wright

Mailing Address 36638 32nd Ave S

City State Zip Code
Auburn WA 98001-8842

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tahoma Clinic

Occupation
Nurse/General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : SA11AI.53223

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Dr. Jonathan & Holly Wright

Mailing Address 36638 32nd Ave S

City

Auburn

State

WA

Zip Code

98001-8842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tahoma Clinic

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2012

Transaction ID : SA11AI.53225

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

59233.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 21 OF 54
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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Postmaster

Mailing Address 2500 Virginia Ave NW

City
Washington

State
DC

Zip Code
20037-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.17

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 26 / 2012

Transaction ID : SA15.53468

Amount of Each Receipt this Period

395.17

Postage Refund

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

395.17

395.17

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. American National Insurance Co.

001

Category/
Type

556.62

State: District:

B. Robert C. Benedict

001

Category/
Type

State: District:

C. Robert C. Benedict

001

Category/
Type

State: District:

5963.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Broadway Premium Funding

Mailing Address PO Box 66468

City	State	Zip Code
Chicago	IL	60666-0468

Purpose of Disbursement
Insurance

Candidate Name

001

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2012

Transaction ID : SB21B.53300

Amount of Each Disbursement this Period

811.64

Full Name (Last, First, Middle Initial)

B. DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City	State	Zip Code
Washington	DC	20002-0000

Purpose of Disbursement
DC - Unemployment Company

Candidate Name

001

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		03		2012

Transaction ID : SB21B.53307

Amount of Each Disbursement this Period

225.59

Full Name (Last, First, Middle Initial)

C. DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City	State	Zip Code
Washington	DC	20002-0000

Purpose of Disbursement
DC - Withholding

Candidate Name

001

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		03		2012

Transaction ID : SB21B.53308

Amount of Each Disbursement this Period

364.49

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1401.72

--

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '01' with two squares above it. The second display shows '17' with two squares above it. The third display shows '2012' with four squares above it.

Category/
Type

Category	Percentage
Do not use a mobile phone	29.02%

M M / D D / Y Y Y Y
01 17 2012

Category/
Type

232.16

MM / DD / YYYY

Category/
Type

442.77

703.95

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

Age Group	Number of People
13-17	146.45
18-24	100.00
25-34	75.00
35-44	50.00
45-54	25.00
55-64	12.50
65-74	6.25
75-84	3.12
85+	1.56



138.24

303.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. De Lage Landen Financial

Mailing Address PO Box 41602

City	State	Zip Code
Philadelphia	PA	19101-1602

Purpose of Disbursement
Copier Lease

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2012

Transaction ID : SB21B.53315

Amount of Each Disbursement this Period

495.12

Full Name (Last, First, Middle Initial)

B. Kelly R. Dirkes

Mailing Address 6200 Wilson Blvd. #919

City	State	Zip Code
Falls Church	VA	22044-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		04		2012

Transaction ID : SB21B.53316

Amount of Each Disbursement this Period

932.82

Full Name (Last, First, Middle Initial)

C. Kelly R. Dirkes

Mailing Address 6200 Wilson Blvd. #919

City	State	Zip Code
Falls Church	VA	22044-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2012

Transaction ID : SB21B.53317

Amount of Each Disbursement this Period

978.21

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2406.15

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Kelly R. Dirkes

Mailing Address 6200 Wilson Blvd. #919

City Falls Church	State VA	Zip Code 22044-0000
----------------------	-------------	------------------------

Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2012

Transaction ID : SB21B.53318

Amount of Each Disbursement this Period

955.51

Full Name (Last, First, Middle Initial)

B. Dominick J. Dunbar

Mailing Address 470 Raven Rd

City Stafford	State VA	Zip Code 22554-4006
------------------	-------------	------------------------

Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		04		2012

Transaction ID : SB21B.53319

Amount of Each Disbursement this Period

472.43

Full Name (Last, First, Middle Initial)

C. Dominick J. Dunbar

Mailing Address 470 Raven Rd

City Stafford	State VA	Zip Code 22554-4006
------------------	-------------	------------------------

Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2012

Transaction ID : SB21B.53320

Amount of Each Disbursement this Period

720.76

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2148.70

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Dominick J. Dunbar

Mailing Address 470 Raven Rd

City Stafford	State VA	Zip Code 22554-4006
------------------	-------------	------------------------

Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2012

Transaction ID : SB21B.53321

Amount of Each Disbursement this Period

669.08

Full Name (Last, First, Middle Initial)

B. Paula Edwards

Mailing Address 1200 G Street, N.W. Suite 800

City Washington	State DC	Zip Code 20005-0000
--------------------	-------------	------------------------

Purpose of Disbursement
Fec Filing and Amendments

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2012

Transaction ID : SB21B.53322

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City St. Louis	State MO	Zip Code 63197-0030
-------------------	-------------	------------------------

Purpose of Disbursement
Federal Withholding

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2012

Transaction ID : SB21B.53324

Amount of Each Disbursement this Period

2266.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4435.08

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Financial Agent Federal Tax Deposit

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		0	3		2	0	1	2		

Mailing Address PO Box 970030

City	State	Zip Code
St. Louis	MO	63197-0030

Purpose of Disbursement
Medicare Company

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID : SB21B.53325

Amount of Each Disbursement this Period

2	0	4	.	4	4
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Financial Agent Federal Tax Deposit

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		0	3		2	0	1	2		

Mailing Address PO Box 970030

City	State	Zip Code
St. Louis	MO	63197-0030

Purpose of Disbursement
Medicare Employee

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID : SB21B.53326

Amount of Each Disbursement this Period

2	0	4	.	4	4
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Financial Agent Federal Tax Deposit

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		0	3		2	0	1	2		

Mailing Address PO Box 970030

City	State	Zip Code
St. Louis	MO	63197-0030

Purpose of Disbursement
Social Security Company

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID : SB21B.53327

Amount of Each Disbursement this Period

8	7	4	.	1	9
---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1	2	8	3	.	0	7
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197-0030

Purpose of Disbursement
Social Security Employee

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 03 2012
Transaction ID : SB21B.53328

Amount of Each Disbursement this Period

874.19

Full Name (Last, First, Middle Initial)

B. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197-0030

Purpose of Disbursement
Federal Unemployment

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 17 2012
Transaction ID : SB21B.53329

Amount of Each Disbursement this Period

80.52

Full Name (Last, First, Middle Initial)

C. Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197-0030

Purpose of Disbursement
Federal Withholding

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 17 2012
Transaction ID : SB21B.53330

Amount of Each Disbursement this Period

2448.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3402.71

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.



001

Category/
Type

State: District:

Transaction ID : SB21B.53335

001

Category/
Type

State: District:

Transaction ID : SB21B.53336

001

Category/
Type

State: District:

1856.12

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

Category/
Type

152.80

Category/
Type

152.80

Category/
Type

653.34

958.94

FEC Schedule B (Form 3X) Rev. 02/2003

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Financial Agent Federal Tax Deposit

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2012

Mailing Address PO Box 970030

City	State	Zip Code
St. Louis	MO	63197-0030

Transaction ID : SB21B.53340Purpose of Disbursement
Social Security Employee

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

442.59

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Foley Hoag, LLP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2012

Mailing Address 155 Seaport Blvd.

City	State	Zip Code
Boston	MA	02210-2600

Transaction ID : SB21B.53341Purpose of Disbursement
LP v MA Legal Expense

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

479.72

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. FP Mailing Solutions

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2012

Mailing Address PO Box 4510

City	State	Zip Code
Carol Stream	IL	60197-4510

Transaction ID : SB21B.53342Purpose of Disbursement
Postage & Meter Resets

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2922.31

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 54

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. GreenPenz2600 Virginia Ave LLC

Mailing Address PO Box 823784

City Philadelphia State PA Zip Code 19182-3784

Purpose of Disbursement
Office Rent, Tax, Maint & Utilities

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 26 / 2012
Transaction ID : SB21B.53344

Amount of Each Disbursement this Period

10846.77

Full Name (Last, First, Middle Initial)

B. Casey T. HansenMailing Address 1445 Ogden St. NW
Apt #212

City Washington State DC Zip Code 20010-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 04 / 2012
Transaction ID : SB21B.53345

Amount of Each Disbursement this Period

1018.12

Full Name (Last, First, Middle Initial)

C. Casey T. HansenMailing Address 1445 Ogden St. NW
Apt #212

City Washington State DC Zip Code 20010-0000

Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 18 / 2012
Transaction ID : SB21B.53346

Amount of Each Disbursement this Period

1073.52

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12938.41

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 54

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Casey T. Hansen

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	1				3	1						2	0	1	2

Mailing Address 1445 Ogden St. NW
Apt #212

City Washington State DC Zip Code 20010-0000

Purpose of Disbursement
Employee Net Pay

001

Candidate Name

Category/
Type**Transaction ID : SB21B.53347**

Amount of Each Disbursement this Period

1045.82

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Eric Herndon

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	1				2	3						2	0	1	2

Mailing Address 15 Highstream Ct.

City Germantown State MD Zip Code 20874-0000

Purpose of Disbursement
Office Painting and Maint Services

001

Candidate Name

Category/
Type**Transaction ID : SB21B.53349**

Amount of Each Disbursement this Period

1350.00

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Carla Howell

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	1				0	4						2	0	1	2

Mailing Address 6 Goodman Ln

City Wayland State MA Zip Code 01778-3502

Purpose of Disbursement
Employee Net Pay

001

Candidate Name

Category/
Type**Transaction ID : SB21B.53352**

Amount of Each Disbursement this Period

2444.85

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4840.67

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Carla Howell

Mailing Address 6 Goodman Ln

City	State	Zip Code
Wayland	MA	01778-3502

Purpose of Disbursement	Employee Net Pay

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.53353

Amount of Each Disbursement this Period

2584.93

B. Carla Howell

Mailing Address 6 Goodman Ln

City	State	Zip Code
Wayland	MA	01778-3502

Purpose of Disbursement	Travel Exp Reimbursement (See Memo)
-------------------------	-------------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.53350

Amount of Each Disbursement this Period

748.38

C. One Washington Circle Hotel

Mailing Address 1 Washington Circle, N.W.

City	State	Zip Code
Washington	DC	20037-0000

Purpose of Disbursement	
Staff Travel-Hotel	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.53350.0

Amount of Each Disbursement this Period

748.38

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3333.31

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Carla Howell

Mailing Address 6 Goodman Ln

City Wayland	State MA	Zip Code 01778-3502
-----------------	-------------	------------------------

Purpose of Disbursement
Employee Net Pay

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2012

Transaction ID : SB21B.53354

Amount of Each Disbursement this Period

2370.90

Full Name (Last, First, Middle Initial)

B. Jefferson Adams Consulting Services

Mailing Address PO Box 18917

City Denver	State CO	Zip Code 80218-8917
----------------	-------------	------------------------

Purpose of Disbursement
SD Ballot Access Petitioning

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2012

Transaction ID : SB21B.53355

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Joe Ragan's

Mailing Address PO Box 125

City Springfield	State VA	Zip Code 22150-0125
---------------------	-------------	------------------------

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2012

Transaction ID : SB21B.53357

Amount of Each Disbursement this Period

31.80

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5402.70

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

MM / DD / YYYY

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

4471.95

FEC Schedule B (Form 3X) Rev. 02/2003

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '01' with two squares above it. The second display shows '17' with two squares above it. The third display shows '2012' with four squares above it.

350.00

State: District:

MM / DD / YYYY

1022.96

State: District:

MM / DD / YYYY

Amount of Each Disbursement this Period

409.11

State: District:

1782.07

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

00:

Category/
Type

1057.72

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

00

Category/
Type

740.00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

00-

Amount of Each Disbursement this Period

Category/
Type

168.27

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

1965.99

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 54

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Mass Dept of Revenue

Mailing Address PO Box 7010

City Boston State MA Zip Code 02204-7010

Purpose of Disbursement
MA - Withholding

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 31 2012
Transaction ID : SB21B.53374

Amount of Each Disbursement this Period

157.37

Full Name (Last, First, Middle Initial)

B. Merchant Services

Mailing Address 890 Mountain Ave

City New Providence State NJ Zip Code 07974-0000

Purpose of Disbursement
Merch Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 31 2012
Transaction ID : SB21B.53375

Amount of Each Disbursement this Period

1123.74

Full Name (Last, First, Middle Initial)

C. PAETEC - US LEC Corp.

Mailing Address PO Box 1283

City Buffalo State NY Zip Code 14240-1283

Purpose of Disbursement
Phone and Data Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 26 2012
Transaction ID : SB21B.53376

Amount of Each Disbursement this Period

1188.40

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2469.51

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 54

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. PNC Visa Card

Mailing Address P.O. Box 856176

City Louisville State KY Zip Code 40285-6176

Purpose of Disbursement
PNC Visa Card Payment

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 31 2012
Transaction ID : SB21B.53379

Amount of Each Disbursement this Period

9066.60

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address PO Box 582820 - MD766

City Tulsa State OK Zip Code 74158-2820

Purpose of Disbursement
Staff Travel-Air

002

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 31 2012
Transaction ID : SB21B.53379.1

Amount of Each Disbursement this Period

962.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CardsDirect, Inc.

Mailing Address 12750 Merit Drive Suite 900

City Dallas State TX Zip Code 75251-0000

Purpose of Disbursement
Non Candidate Party Printing

003

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 31 2012
Transaction ID : SB21B.53379.2

Amount of Each Disbursement this Period

422.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9066.60

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

Category/
Type

[MEMO ITEM]

Three 16x16 LED matrices are shown, each displaying a digit. The first matrix shows '0', the second shows '1', and the third shows '2'. The matrices are arranged in a row, separated by slashes, forming the date '01/31/2012'.

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

[MEMO ITEM]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Lyris Tech - Sparklist

Mailing Address PO Box 8385

City	State	Zip Code
Pasadena	CA	91109-8385

Purpose of Disbursement
Email Marketing Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2012

Transaction ID : SB21B.53379.10

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. One Washington Circle Hotel

Mailing Address 1 Washington Circle, N.W.

City	State	Zip Code
Washington	DC	20037-0000

Purpose of Disbursement
Staff Travel-Hotel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2012

Transaction ID : SB21B.53379.13

Amount of Each Disbursement this Period

1660.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Postmaster

Mailing Address 2500 Virginia Ave NW

City	State	Zip Code
Washington	DC	20037-0000

Purpose of Disbursement
Postage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2012

Transaction ID : SB21B.53379.15

Amount of Each Disbursement this Period

223.82

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 54

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Rackspace US Inc.

Mailing Address 9725 Datapoint Dr. #100

City San Antonio State TX Zip Code 78229-0000

Purpose of Disbursement
Website Hosting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2012
Transaction ID : SB21B.53379.16

Amount of Each Disbursement this Period

687.94

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SoftLayer Technologies, Inc.

Mailing Address 4849 Alpha Road,

City Dallas State TX Zip Code 75244-0000

Purpose of Disbursement
Email Hosting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2012
Transaction ID : SB21B.53379.17

Amount of Each Disbursement this Period

574.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ULine, Inc.

Mailing Address 2200 S. Lakeside Dr.

City Waukegan State IL Zip Code 60085-0000

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2012
Transaction ID : SB21B.53379.18

Amount of Each Disbursement this Period

229.47

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. USAirways

Mailing Address 2345 Crystal Dr

City	State	Zip Code
Arlington	VA	22227-0000

Purpose of Disbursement
Staff Travel-Air

002

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2012

Transaction ID : SB21B.53379.19

Amount of Each Disbursement this Period

558.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. QuickBooks Payroll Service

Mailing Address PO Box 30015

City	State	Zip Code
Reno	NV	89520-3015

Purpose of Disbursement
Payroll Processing Fee

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		03		2012

Transaction ID : SB21B.53408

Amount of Each Disbursement this Period

114.75

Full Name (Last, First, Middle Initial)

C. QuickBooks Payroll Service

Mailing Address PO Box 30015

City	State	Zip Code
Reno	NV	89520-3015

Purpose of Disbursement
Payroll Processing Fee

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2012

Transaction ID : SB21B.53409

Amount of Each Disbursement this Period

20.41

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

135.16

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. QuickBooks Payroll Service

Mailing Address PO Box 30015

City	State	Zip Code
Reno	NV	89520-3015

Purpose of Disbursement
Payroll Processing Fee

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2012

Transaction ID : SB21B.53410

Amount of Each Disbursement this Period

111.83

Full Name (Last, First, Middle Initial)

B. Gary Sinawski

Mailing Address 180 Montague St., Apt 25-B

City	State	Zip Code
Brooklyn	NY	11201-3623

Purpose of Disbursement
LP Legal Expenses

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		03		2012

Transaction ID : SB21B.53411

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Stigler Printing

Mailing Address Box 549 - 204 S. Broadway

City	State	Zip Code
Stigler	OK	74462-0000

Purpose of Disbursement
LP News Printing

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2012

Transaction ID : SB21B.53490

Amount of Each Disbursement this Period

1978.18

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5090.01

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 54

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Virginia Dept. of Taxation

Mailing Address PO Box 26644

City Richmond State VA Zip Code 23261-6644

Purpose of Disbursement
VA - Withholding

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2012
Transaction ID : SB21B.53417

Amount of Each Disbursement this Period

283.00

Full Name (Last, First, Middle Initial)

B. Virginia Dept. of Taxation

Mailing Address PO Box 26644

City Richmond State VA Zip Code 23261-6644

Purpose of Disbursement
VA - Withholding

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2012
Transaction ID : SB21B.53418

Amount of Each Disbursement this Period

281.00

Full Name (Last, First, Middle Initial)

C. VRS Printing Company, IncMailing Address 9912-B Georgetown Pike, Ste 205
PO Box 183

City Great Falls State VA Zip Code 22066-0183

Purpose of Disbursement
Non Candidate Party Printing Service

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 03 / 2012
Transaction ID : SB21B.53491

Amount of Each Disbursement this Period

3294.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3858.00

91219.94

	21b		22		23		24		25		26
	27	Y	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

MM / DD / YYYY

300.00

State: District:

M M / D D / Y Y Y Y
01 16 2012

State: District:

Amount of Each Disbursement this Period

1000.00

State: District:

2300.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

3000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 54 OF 54

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Stigler Printing

Nature of Debt (Purpose):
Printing and Postage

Mailing Address Box 549 - 204 S. Broadway

City State

Zip Code

Stigler

OK

74462-0000

Outstanding Balance Beginning This Period

1978.18

Transaction ID : SD10.50193

Amount Incurred This Period

0.00

Payment This Period

1978.18

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VRS Printing Company, Inc

Nature of Debt (Purpose):
Non Candidate Party Printing

Mailing Address 9912-B Georgetown Pike, Ste 205

PO Box 183

City State

Zip Code

Great Falls

VA

22066-0183

Outstanding Balance Beginning This Period

3294.00

Transaction ID : SD10.50194

Amount Incurred This Period

0.00

Payment This Period

3294.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

2) TOTALS This Period (last page this line number only)..... ►

0.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

0.00